

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20236**  
Registrar's No. **31**

Registration District No. **247**

Primary Registration District No. **5840**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Newton**

(b) City or town **rural - Van Buren Township**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Route 1, Granby, Mo.**  
(If not in hospital or institution, write street name and number)

(d) Length of stay: In hospital or institution **75 years**  
(Specify, whether years, months or days)

In this community **75 years**  
(Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton** **73**

(c) City or town **rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Granby, Mo. Route 1**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GUY HERMAN EVERHARD**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **---**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Bertha Woodbridge Everhard**

6. (c) Age of husband or wife if **---** years

7. Birth date of deceased **May 16 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>1</b>	<b>11</b>	hr. _____ min. _____

9. Birthplace **Newton County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer and county judge**

11. Industry or business **self & Newton Co. Court**

MOTHER FATHER { 12. Name **Ruben Everhard**

13. Birthplace **unknown Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jerusha McCathron**

15. Birthplace **unknown Wisconsin**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mark Everhard**

(b) Address **Granby, Missouri**

17. (a) **burial** (b) Date thereof **June 30, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Van Buren Cemetary**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Mo.**

19. (a) **6-30-48** (b) **M. L. Young**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**  
year **1948** hour **4** minute **2** M.

21. I hereby certify that I attended the deceased from **6-20**, 19**48**, to **6-27**, 19**48**  
that I last saw him alive on **6-26**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **830**

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

PHYSICIAN \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **M. L. Young** (M. D. or other) **MD**  
Address **Carthage Mo** Date signed **6-28-48**

**RECEIVED**

District Health Officer No. Newton  
District File Number 749-337  
Date Filed 7-13-48

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**